



## APPLICATION FOR RECORDS RETENTION SCHEDULE

890518-09

OFFICE OF THE SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES AND HISTORY  
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334. Attention: Scheduling Section.

FOR AGENCY USE		1. Agency Address	FOR RECORDS MANAGEMENT USE	
Application Date	Application Number		Application Number	Date Received
89-01			89-054	
Application Number			Date Completed	
			MAY 10 1989	
2. Person to Contact		Working Title	Telephone Number	
Marsha Heerde		Principal Audit Specialist	656-4915	
3. Action Requested				
a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate.				
b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated.				
c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void				
4. Dates of Series		5. Records Series Title (followed by title used in office, if different)		
Earliest	Latest			
1983	current	High Dollar Hospital Audit Files		
6. Division and Office Function				
What is the function of the Division and the Office in which this record series is created?				
The State Health Benefit Plan provides health coverage for approximately 200,000 State employees, teachers and eligible members of the Employees and Teachers Retirement System in addition to their dependents.				
The Audit Unit audit hospital claim payments currently \$10,000 or more referred to them by an outside auditing firm.				
7. Record Series Description				
This file contains the following documents (include form numbers and titles, if any): Attach samples of the file.				
Documents relating to: Investigation of high dollar hospital claim payments.				
Included are: Authorization log, authorization or authorization for minor patient forms (for release of information from hospital, letters to subscribers notifying of audit and conclusion of audit, letter to hospital concerning conclusion of audit, and Equifax reports of audit findings, hospital bills, equifax forms and audit system printouts.				
File is arranged: By year of conclusion of audit, thereunder by name of patient. <del>By date of conclusion of audit</del>				
8. Monthly Reference Rate				
How often are records referred to which are:				
One to six months old <u>250</u> ; Seven to twelve months old <u>50</u> ; Thirteen to twenty-four months old <u>50</u> ; twenty-five months and older <u>2</u> ?				
9. Annual Rate of Accumulation of Records				
Letter-size drawers <u>21</u> ; Legal-size drawers _____; Shelves _____; Other (specify) _____				
Current accumulation is <u>25</u> cubic feet				

X	a. Is this the official copy of the series? If not, where is it? Hospital Audit Log Sheets to support Equifax billing in Accounting Dept
X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. OCGA 30-18-72 PSL 6/22/89
X	c. Is this a vital record?
X	d. Does this series have historical or long term research value?
X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
X	f. Is the information contained in this series ever published? If yes, attach copy.
X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
X	i. Is this series (or a major portion of it) regularly microfilmed?
X	j. Does the record series result in a computer printout?

# 11. Retention Requirements

The following requires the series to be kept:

- |                          |              |                                   |              |
|--------------------------|--------------|-----------------------------------|--------------|
| a. State Law             | _____ years. | d. Audit period                   | 3 years.     |
| b. Statute of limitation | _____ years. | e. Administrative need            | _____ years. |
| c. Federal law           | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

# 12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☒ Calendar Year; ☐ Fiscal Year; ☐ Other \_\_\_\_\_ then.

\*Cut off closed audits at the end of 2 calendar year;

☒ Hold in the current files area \_\_\_\_\_ month(s) \_\_\_\_\_ year(s); then

☐ Transfer to local holding area; hold \_\_\_\_\_ year(s); then

☒ Transfer to State Records Center; hold 1 year(s); then

☒ Destroy.

☐ Transfer to State Archives for permanent retention.

☐ Other (Specify)

1989 MAY 10 AM 11:25

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Beth Ann Bennett</i>	5/10/89	Rosalind O. Pounds 656-2701	5-10-89
89-054		State Records Committee (Signature)	Date
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)	State Auditor/Designee	<i>W. H. Popen</i>	7/5/89
	Secretary of State/Designee	<i>Edward Welder</i>	7/3/89
890510-09	Governor/Attorney General/Designee	<i>W. H. Popen</i>	7/3/89